

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co- Insurance	# of Accts
Regence BlueCross BlueShield of Oregon	\$ 144,682.15	\$ 43,404.65	\$ 31,945.09	\$ 6,756.64	\$ 4,702.92	3

No R&C or U&C

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology
Landmark		REDACTED			Regence BlueCross BlueShield of Oregon	\$ 2,352.43	REDACTED	SUNSHINE RETIREME		REDACTED	\$ 2,352.34	\$ 43,953.63	\$ 13,186.09	\$ 8,481.32	Other
Beaumont					Regence BlueCross BlueShield of Oregon	\$ 3,071.17					\$ 1,316.05	\$ 81,525.54	\$ 24,457.66	\$ 20,070.44	Other
Beaumont					Regence BlueCross BlueShield of Oregon	\$ 1,333.04					\$ 1,034.53	\$ 19,202.98	\$ 5,760.89	\$ 3,393.32	Other